



SHORT TERM RENTAL BUSINESS APPLICATION FOR  
CERTIFICATE OF REGISTRATION

**FOR OFFICE USE**

☐ Accepted ☐ Denied

☐ Deferred

Classification: \_\_\_\_\_

\_\_\_\_\_

Application Date: \_\_\_\_\_

Applicant \_\_\_\_\_

Trade Name \_\_\_\_\_

Business Physical Location \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fed. ID#/SS# \_\_\_\_\_

State Sales and Use Tax Registration No. \_\_\_\_\_

- |  |          |
|--|----------|
| 1. Total gross rental receipts from prior year   | \$ _____ |
| 2. Subtract rental receipts which included provisions for personal service for the operation of the personal property rented | _____    |
| 3. Adjusted gross rentals (Line 1 less Line 2)   | _____    |
| 4. Gross receipts for items rented 92 consecutive days or less, include extensions and renewals                              | _____    |

Note: "Daily rental property" means all tangible personal property held for rental and owned by a person engaged in the short-term rental business. A minimum of 80% of the gross rental receipts of the business must be from rentals for a period of 92 days or less in order to be considered a short-term daily rental business.

Under penalties of law, the undersigned certifies that the information provided is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this application is filed.

Applicant's Signature

Print Name

Title

Date

**Direct all questions and correspondence to:**

**Office of the Commissioner of the Revenue  
55 W. Church St., Room 101 or P.O. Box 1222  
Martinsville, VA 24114-1222  
(276) 403-5131**